

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007692

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 217 Primary Registration District No. 5787 Registrar's No. 30

FILED MAR 15 1963

|                     |  |   |  |   |  |
|---------------------|--|---|--|---|--|
| VS 300<br>Rev. 4/59 | DATE AMENDED                             | 1. PLACE OF DEATH<br>a. COUNTY <u>Mississippi</u>   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Scott.</u> |   |  |
| <u>0670</u>         | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Tywapppity Township</u>   | Length of stay in 1b<br><u>1 month</u>   | c. CITY OR TOWN <u>Diehlstadt</u>   |  |
| <u>2 1000</u>       |  | c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>4 miles NW. of Charleston</u>   | Inside Limits<br><input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>None</u>  |  |
| <u>3</u>            |  | 3. NAME OF DECEASED<br>(Type or print)  | First <u>William</u> Middle <u>J.</u> Last <u>Bradley</u>  | 4. DATE OF DEATH<br>Month <u>March</u> Day <u>2</u> Year <u>1963</u>  |  |
| <u>4 0</u>          |  | 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7/16/88</u>              |
| <u>5 1</u>          |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Farmer</u>  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farm</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Kentucky</u>   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
| <u>6</u>            | DOCUMENT                                 | 13a. FATHER'S NAME<br><u>George Bradley</u>   | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>  | 14. NAME OF HUSBAND OR WIFE<br><u>Annie Bradley</u>   |  |
| <u>7 1</u>          |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  | 16. SOCIAL SECURITY NO.<br><u>[REDACTED]</u>   | 17. INFORMANT<br><u>Robert Bradley, Rt. #2, Charleston</u>  |  |
| <u>8 2</u>          |  | 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cardiorenal Vasculer</u>   |  |   |  |
| <u>9442X</u>        |  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |   |  |
| <u>10</u>           |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |  |   |  |
| <u>11</u>           | MEDICAL CERTIFICATION                    | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>                            | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| <u>12 91-0</u>      |  | 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                               |   |  |
| <u>131-0</u>        |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION   | COUNTY _____ STATE _____  |  |
|                     |  | 21. I attended the deceased from <u>Mar 70 63</u> to <u>Mar 2</u> and last saw her alive on <u>Mar 1 - 1963</u><br>Death occurred at <u>7:45 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.                                  |  |   |  |
|                     |  | 22a. SIGNATURE<br>(Degree or title)<br><u>C. C. Presnell M.D.</u>   | 22b. ADDRESS<br><u>Charleston Mo</u>   | 22c. DATE SIGNED<br><u>Mar 4-63</u>   |  |
|                     | BY AFFIDAVIT OF                          | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>3/5/63</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>I.O.O.F. Cemetery</u>  |  |
|                     |  | 23d. LOCATION (City, town, or county)<br><u>Charleston, Missouri</u>  | 25. DATE RECD. BY LOCAL REG.<br><u>3-5-63</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Dorothy B. Hocklorn</u>   |  |
|                     |  | 24. FUNERAL DIRECTOR<br><u>McMikle, Charleston, Missouri</u>  |  |   |  |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

Permit issued

3-5-63

24

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bruce R. Huston

Licensed Embalmer No. 5149

P. O. Address East Rainier, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.